

CHANGE IN CORPORATE OFFICERS

STATE OF RHODE ISLAND -- DIVISION OF MOTOR VEHICLES
Dealer Section
600 New London Avenue ,Cranston, RI 02920-3024
www.dmv.ri.gov

THIS APPLICATION CAN ONLY BE FILED WHEN AT LEAST ONE OF THE PRESENT CORPORATE OFFICERS OF AN EXISTING LICENSED DEALERSHIP REMAIN ON THE RECORD FOR SIX (6) MONTHS FROM THE EFFECTIVE DATE OF THIS APPLICATION.

PLEASE SUBMIT THE FOLLOWING:

1. COMPLETED APPLICATION FORM, SIGNED AND NOTARIZED BY AN EXISTING CORPORATE OFFICER. THIS FORM MUST STATE THE NEW CORPORATE OFFICERS AND THE ONES REMAINING ON THE RECORD AND ALL THEIR CORPORATE TITLES.
2. EACH NEW CORPORATE OFFICER WHO WHISHES TO BE A PART OF THE CORPORATION (AS LISTED ON THE APPLICATION) MUST COMPLETE A CRIMINAL IDENTIFICATION.
3. COPY OF THE MINUTES OF THE MEETING HELD – SHOWING A NEW ELECTION OF CORPORATE OFFICERS AND LISTING ALL CORPORATE TITLES ALONGSIDE THEIR NAMES. IF RESIGNATION OF A PRESENT CORPORATE OFFICER IS APPLICABLE, WE WILL ALSO NEED A COPY OF THE MINUTES OF THE MEETING HELD WHEREBY THAT CORPORATE OFFICER RESIGNED FROM THE CORPORATION AND FROM THE CORPORATE TITLE HELD.
4. A NEW \$50,000 LINE OF CREDIT HAS TO BE OBTAINED BY THE NEW CORPORATE OFFICER (S) AND SUBMITTED TO THIS OFFICE PRIOR TO THE NEW CORPORATE OFFICERS CHANGE.
5. THE NEW CORPORATE OFFICERS MUST OBTAIN A COPY OF THE RHODE ISLAND RULES AND REGULATIONS REGARDING DEALERS, MANUFACTURES AND RENTAL LICENSE PURSUANT TO R.I.G.L. SECTIONS 31-5-2 AND 31-5.1-3.

THE RHODE ISLAND MOTOR VEHICLE DEALER'S LICENSE AND REGULATIONS OFFICE RESERVES THE RIGHT TO DENY AN APPLICATION FOR ANY CHANGES WHEN NOT IN COMPLIANCE OF THE RHODE ISLAND MOTOR VEHICLE DEALERS' LICENSE & REGULATIONS LAWS, RULES AND/OR REGULATIONS.

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1. DATE: _____
2. CORPORATE NAME: _____
DBA NAME: _____
PRINCIPAL BUSINESS LOCATION: _____
BUSINESS PHONE # _____ CELL #: _____
HOME #: _____ FAX # _____
3. LOCATION OF BRANCH OFFICES (IF ANY): _____
4. TYPE OF DEALER:
NEW VEHICLES ONLY () USED VEHICLES ONLY () NEW & USED VEHICLES ()
4a. IF NEW CAR DEALER, ESTIMATE NUMBER OF DEALERS SELLING SAME MAKE OF CAR IN
YOUR CITY OR TOWN: _____
5. TYPE OF VEHICLES:
PASSENGER CARS ONLY () MOTORCYCLES () TRUCKS ONLY () TRACTOR-TRAILERS ()
6. HOW LONG HAVE YOU BEEN ESTABLISHED AS A DEALER? _____
7. IF A NEW CAR DEALER, WHAT MAKE OF VEHICLES? _____
8. HAVE YOU A DEALERS' CONTRACT OR FRANCHISE YES () NO ()
9. FRANCHISE OR CONTRACT:
NAME: ADDRESS DATE

10. FLOOR SPACE: SALES _____ SERVICE _____
YARD SPACE: SALES _____ SERVICE _____
VALUE OF SERVICE STATION EQUIPMENT: _____
11. GIVE NAMES AND ADDRESSES OF ALL OFFICERS AND MEMBERS OF FIRM:
TITLE: NAME: RESIDENCE ADDRESS:

12. NUMBER OF SALESMAN EMPLOYED: _____
13. NAME OF INSURANCE COMPANY: _____

I, THE UNDERSIGNED, HEREBY DECLARE THAT I AM _____

TITLE IF ANY

OF THE ABOVE FIRM AND THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE OR BELIEF.

WRITTEN SIGNATURE OF APPLICANT: _____

STATE OF RHODE ISLAND

COUNTY OF: _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 20 _____

COMISSION EXPIRES _____ NOTARY PUBLIC _____

**ALL LISTED OFFICERS MUST REMAIN ON RECORD AT LEAST SIX (6) MONTHS AFTER THE
EFFECTIVE DATE OF THIS APPLICATION**

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EMPLOYEE LIST

Corporate Name: _____

d/b/a Name: _____

List all employees who are presently on your payroll and receive W-2 forms:

Name: _____ Drivers License# _____

Name: _____ Drivers License# _____

Name: _____ Drivers License# _____

Name: _____ Drivers License# _____

Name: _____ Drivers License# _____

Name: _____ Drivers License# _____

Name: _____ Drivers License# _____

Name: _____ Drivers License# _____

Name: _____ Drivers License# _____

TOTAL NUMBER OF EMPLOYEES LISTED: _____

PLEASE SUBMIT A NEW LIST EVERY TIME THERE IS AN EMPLOYEE CHANGE.

1099 FORMS ARE NOT ACCEPTED IN THE DEALERS' LICENSE & REGULATIONS OFFICE

This form must have the companion Workers' Compensation List and stamped copies of the DWC-11 forms for employees excluding themselves from Workers' Compensation attached.

Have you or any of your employees had any criminal charges or violations of Rhode Island General Laws lodged against them in court within the last 12 months? Yes _____ No _____

If yes, please explain in detail on additional sheet.

I, the undersigned, hereby declare under the penalty of perjury, that I have examined this statement regarding the number of employees, and to the best of my knowledge this is true and correct. Rhode Island General Laws §31-11-17.

State of Rhode Island
County: _____

Signature of Owner, Partner or Corporate Office

Subscribed and sworn to before me this _____ day of _____ 20____

Notary Public

Commission Expires

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WORKERS' COMPENSATION INSURANCE REQUIREMENTS

Corporate Name: _____

d/b/a Name: _____

Employees not listed on this form require a waiver from Workers' Compensation.

LIST ALL EMPLOYEES PROTECTED BY WORKERS' COMPENSATION INSURANCE COVERAGE

BOTH SOCIAL SECURITY AND DRIVERS LICENSE NUMBERS ARE REQUIRED.

Name: _____ Drivers License# _____

Name: _____ Drivers License# _____

Name: _____ Drivers License# _____

Name: _____ Drivers License# _____

Name: _____ Drivers License# _____

Name: _____ Drivers License# _____

Name: _____ Drivers License# _____

TOTAL NUMBER OF EMPLOYEES LISTED: _____

Please notify this office of any changes to this list as they occur.

All Rhode Island employers with one or more employees are required to obtain worker compensation insurance coverage. This includes both full time and part time workers. Sole proprietors, partners, members of limited liability companies and independent contractors are not included. Most corporate officers are included when determining coverage requirements. Employees, including corporate officers, may exclude themselves from coverage by filing a DWC-11 form with the Department of Labor and Training, Division of Workers' Compensation.

Some exemptions to the insurance coverage requirement are, domestic servants, some farmers and farm laborers, some arborists and nursery personnel and certain real estate persons.

The penalty for failure to provide workers' compensation insurance is up to \$500 to \$1000 per day of non-compliance. The Director of the Department of Labor and Training may close a business for a failure to provide workers' compensation insurance. Knowing failure to provide workers' compensation insurance may result in a felony charge with imprisonment of up to two (2) years and/or a fine of \$10,000.

For further information on compliance and enforcement, please contact (401) 462-8100 and press option #8, or contact and Education Unit Representative at the same number but choose option #1.

State of Rhode Island

County: _____

Signature of Owner, Partner or Corporate Office

Subscribed and sworn to before me this _____ day of _____ 20____

Notary Public

Commission Expires

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DEALERS' EMPLOYEE AUTHORIZATION

Dealership Licensed Name:

Business Address:

Authorization Number:

The following people, including owner, partner and corporate officer, are properly authorized to pick up 20-Day Temporary Plates, Loaner Agreement Forms and other forms as allowed by the Department of Motor Vehicles for the above named dealership.

Name	Drivers' License Number
1. _____	
2. _____	
3. _____	

It is understood that every dealership is entitled to list a maximum of three (3) employees who are noted on the Employee List receiving a W-2 form. You must contact the Dealers' License & Regulations office if you must make any changes to this list.

NOTE: This is not an authorization to register vehicles in the Dealers' Room.

Signature of Owner, Partner or Corporate Office

Print Name

State of Rhode Island
County: _____

Subscribed and sworn to before me this _____ day of _____ 20____

Notary Public

Commission Expires

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Name: _____ Date of Birth: _____

Prior Name: _____ Social Security No.: _____

Residence Address: _____

Dealership Name: _____

Business Address: _____

Have you ever had criminal charges or civil action lodged against you in court? _____

If yes, please explain in writing: _____

DISCLAIMER

I hereby direct and authorize the Bureau of Criminal Identification of the Department of Attorney General for the State of Rhode Island to make available to the Rhode Island Motor Vehicle Dealers' License & Regulation Office any criminal record that the Bureau of Criminal Identification has on file in reference to me.

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description, arising from any release of criminal records and request there from, whatsoever against the State of Rhode Island, Bureau of Criminal Identification, the Attorney General, and employees of the Attorney General's Office in both law and equity which I may now have or in the future may have.

Signature of Applicant

Sworn to before me in the City of _____ State of _____
this _____ day of _____, 20 _____

Notary Public

Commission Expires

NOTE: Copy of photo identification with date of birth must accompany this disclaimer